

Application Data Sheet

Application Information

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| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD Disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | |
| Computer Readable Form (CRF)?:: | |
| Number of copies of CRF:: | |
| Title:: | ECHOGRAPHIC PROBE WITH SECTOR SCANNING USING A TRANSDUCER CAPABLE OF COMING INTO CONTACT WITH THE STRUCTURE TO BE EXAMINED |
| Attorney Docket Number:: | ABASCAL1 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 3 |
| Small Entity?:: | No |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included:: | No |
| Petition Type:: | |
| Licensed US Govt. Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | No |
| Applicant Information | |
| Applicant Authority Type:: | Inventor |

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|---|-----------------------------|-----------------|---------------|
| Primary Citizenship Country:: | French | | |
| Status:: | Full Capacity | | |
| Given Name:: | Jean | | |
| Middle Name:: | | | |
| Family Name:: | ABASCAL | | |
| Name Suffix:: | | | |
| City of Residence:: | Arcueil | | |
| State or Province of Residence:: | | | |
| Country of Residence:: | France | | |
| Street of Mailing Address:: | 59 Avenue du Docteur Durand | | |
| City of Mailing Address:: | Arcueil | | |
| State or Province of Mailing Address:: | | | |
| Country of Mailing Address:: | France | | |
| Postal or Zip Code of Mailing Address:: | F-94110 | | |
| Correspondence Information | | | |
| Correspondence Customer Number:: | 001444 | | |
| Representative Information | | | |
| Representative Customer Number:: | 001444 | | |
| Domestic Priority Information | | | |
| Application:: | Continuity Type:: | Parent | Parent Filing |
| | | Application:: | Date:: |
| This Application | National Stage of | PCT/FR05/000465 | 02-25-05 |

Foreign Priority Information

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|-----------|----------------------|---------------|--------------------|
| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
| France | 0402209 | 02-27-04 | Yes |

Assignment Information

| | |
|-----------------------------|------------------|
| Assignee Name:: | Quantel Medical |
| Street of Mailing Address:: | 21 rue Newton |
| City of Mailing Address:: | Clermond Ferrand |

State or Province of Mailing Address::

Country of Mailing Address::

France

Postal or Zip Code of Mailing Address::

F-63100